Out Patient Bill

Patient Name	: **Mrs.KARTHIKA V**	**Bill No**	: MMH/MM/IPM202400437
Patient Id	: **MHM202405009**	**Bill Date**	: 31/05/2024 4:25:44PM
Age/Gender	: 28 Y 0 M 2 D/Female	**Visit Report Id**	: MHM202405009-IP001
Phone Number	: 9710980668	**Payment Mode**	: CASH
Doctor Name	: Dr.SARALA	**Entity Type**	: CASH
Visit Date	: 29/05/2024 1:04:33PM	**Entity Name**	: CASH
Speciality	: OBSTETRICIAN AND GYNAEC		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	DIATHERMY CHARGES	1.00	₹350.00	₹0.00	₹350.00
2	DMO	2.00	₹800.00	₹0.00	₹1,600.00
3	FENTANYL	1.00	₹300.00	₹0.00	₹300.00
4	CATHETERIZATION CHARGES	1.00	₹1,000.00	₹0.00	₹1,000.00
5	STERLIZATION AND DISINFECTION CHARGES	1.00	₹1,000.00	₹0.00	₹1,000.00
6	NURSING CHARGES	2.00	₹600.00	₹0.00	₹1,200.00
7	ADMINISTRATION CHARGES	1.00	₹200.00	₹0.00	₹200.00
8	OT CHARGES	1.50	₹10,000.00	₹0.00	₹15,000.00
9	MEDICAL RECORD CHARGE	1.00	₹200.00	₹0.00	₹200.00
10	IP REGISTRATION CHARGES	1.00	₹150.00	₹0.00	₹150.00
11	BED CHARGES - GENERAL WARD	.00 days	₹1,500.00	₹0.00	₹3,000.00
12	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL ADVANC	1.00	₹48,000.00	₹0.00	₹48,000.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹72,000.00**
		Discount Amount	:		**₹15,000.00**
		Net Amount	:		**₹ 57,000.00**
		Amount Received	:		**₹ 47,000.00**

Received Amount in Words : **Fifty-Seven Thousand Only**

SILAMBARASAN
Authorised Signature